

## WV Personal Care Dual Services Request

### Personal Care for Persons Receiving Waiver Services

A copy of this Request Form must be maintained in the member record.

**Required Documentation:** If this form is not complete, it cannot be processed and will be returned.

Please ☒ mark attachments for the appropriate level request.

Personal Care Provider (Agency Name)		Personal Care Provider NPI	
Provider Address			
Contact Person Name		Contact Person Telephone Number	
Date of Submission			
<b>FYI:</b> All requests for Personal Care must be submitted by the PC provider into the Personal Care CareConnection© system. All required information must be attached in the system before a request can be considered.			

### Member Information

Member Name		Member Medicaid Number	
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### Level of Personal Care Services Requested

Selecting a Level below satisfies the Policy Manual requirement to indicate "number of hours requested."

☐ Personal Care Level 1

☐ Personal Care Level 2

### PC and ADW/IDDW | For questions, call 844-723-7811

<input type="checkbox"/> <b>Aged and Disabled Waiver (ADW)</b> <input type="checkbox"/> Member receives ADW at Service Level D <input type="checkbox"/> Current ADW PAS <input type="checkbox"/> ADW Member Assessment (N/A for Personal Options) <input type="checkbox"/> ADW Participant-Directed Service Plan (N/A for Traditional) <input type="checkbox"/> Personal Care Plan of Care – completed by PC RN	<input type="checkbox"/> <b>Intellectual/Developmental Disabilities Waiver (IDDW)</b> <input type="checkbox"/> Member is utilizing maximum number of Direct Care service hours available <input type="checkbox"/> PAS – completed by PC RN <input type="checkbox"/> ICAP results as completed by the UMC <input type="checkbox"/> Personal Care Plan of Care – completed by PC RN
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### PC and TBIW | For questions, call 866-385-8920

<input type="checkbox"/> <b>Traumatic Brain Injury Waiver (TBIW)</b> <input type="checkbox"/> Member needs more than max Personal Attendant services hours available through TBIW <input type="checkbox"/> Current TBIW PAS <input type="checkbox"/> TBIW Member Assessment <input type="checkbox"/> Personal Care Plan of Care – completed by PC RN <input type="checkbox"/> TBIW Service Plan
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Member/Legal Representative Signature      Date

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PA/Homemaker RN Signature      Date

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Personal Care RN Signature      Date

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CM/RC Signature      Date